

THIS CERTIFICATE MUST BE FILED WITHIN 5 DAYS AFTER BIRTH. IF NOT SO, THE LOCAL REGISTRAR MUST BE ADVISED BY THE ATTENDING PHYSICIAN OR MIDWIFE WITH EACH LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS				168 State Index No. 1069			
ORIGINAL CERTIFICATE OF BIRTH				Co. Register No. 418			
County of <u>Gila</u>				Local Registrar's No. <u>1</u>			
District of <u>Hayden</u>							
Town of <u>Hayden</u>							
City of <u>Hayden</u>							
FULL NAME OF CHILD <u>Carol Genevieve Frederick</u>				Born <u>YES</u>			
If child is not named, make Supplemental Report on blank obtainable from local registrar.				Alive <u>YES</u>			
Sex of Child <u>M</u>	Twin, Triplet or other <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Dec 4 1916</u>		
Full Name <u>FATHER Hugh C. Frederick</u>				Full Maiden Name <u>MOTHER Carrie McKimney</u>			
Residence <u>Helena</u>				Residence <u>Helena</u>			
Color or Race <u>W.</u>				Color or Race <u>W.</u>			
Age at last Birthday <u>27</u> (Years)				Age at last Birthday <u>21</u> (Years)			
Birthplace <u>Briz</u>				Birthplace <u>Col.</u>			
Occupation <u>Rancher</u>				Occupation <u>Housewife</u>			
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
I hereby certify that I attended the birth of above child; and that it occurred on <u>Dec 4 1916</u> at <u>Hayden</u> M.							
{ *When there is no attending physician or midwife, then the householder should make this return.				(Signature) <u>Charles H. Graham</u>			
Given or christian name added from a supplemental report <u>191</u>				(Attending physician, midwife, householder. *)			
Address <u>Hayden</u>							
Filed <u>Dec 5 1916</u>				LOCAL REGISTRAR.			
362-1204-348				A True Copy			
COUNTY REGISTRAR.				COUNTY REGISTRAR.			